



Office of Personnel Management

The Federal Government's Human Resources Agency



Columbia SC SON=1721; SOI=VAJ7

Electronic Fingerprint Submission Form

Last Name:	
First Name:	
Middle Name:	
Social Security #:	
Date of Birth (YYYYMMDD):	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:	
Eye Color:	
Hair Color:	
Height:	
Weight:	
Place of Birth (City and State):	
Resident (Home) Address:	
Citizenship:	
Job Title/Status:	
Scars, Marks, Tattoos:	

VERY IMPORTANT - Please answer the following with check mark next to your reply:

Have you ever received a VA PIV type ID badge (see image on right)? ___Yes No___

If Yes, expiration date: _____ Facility where issued: _____

Do you still have this badge in your possession? ___Yes No___

Have you ever held a VA computer account? ___Yes No___

If Yes, under what name if different than above: _____

Facility / city and state? _____

Previous VA email account address: _____ @va.gov

